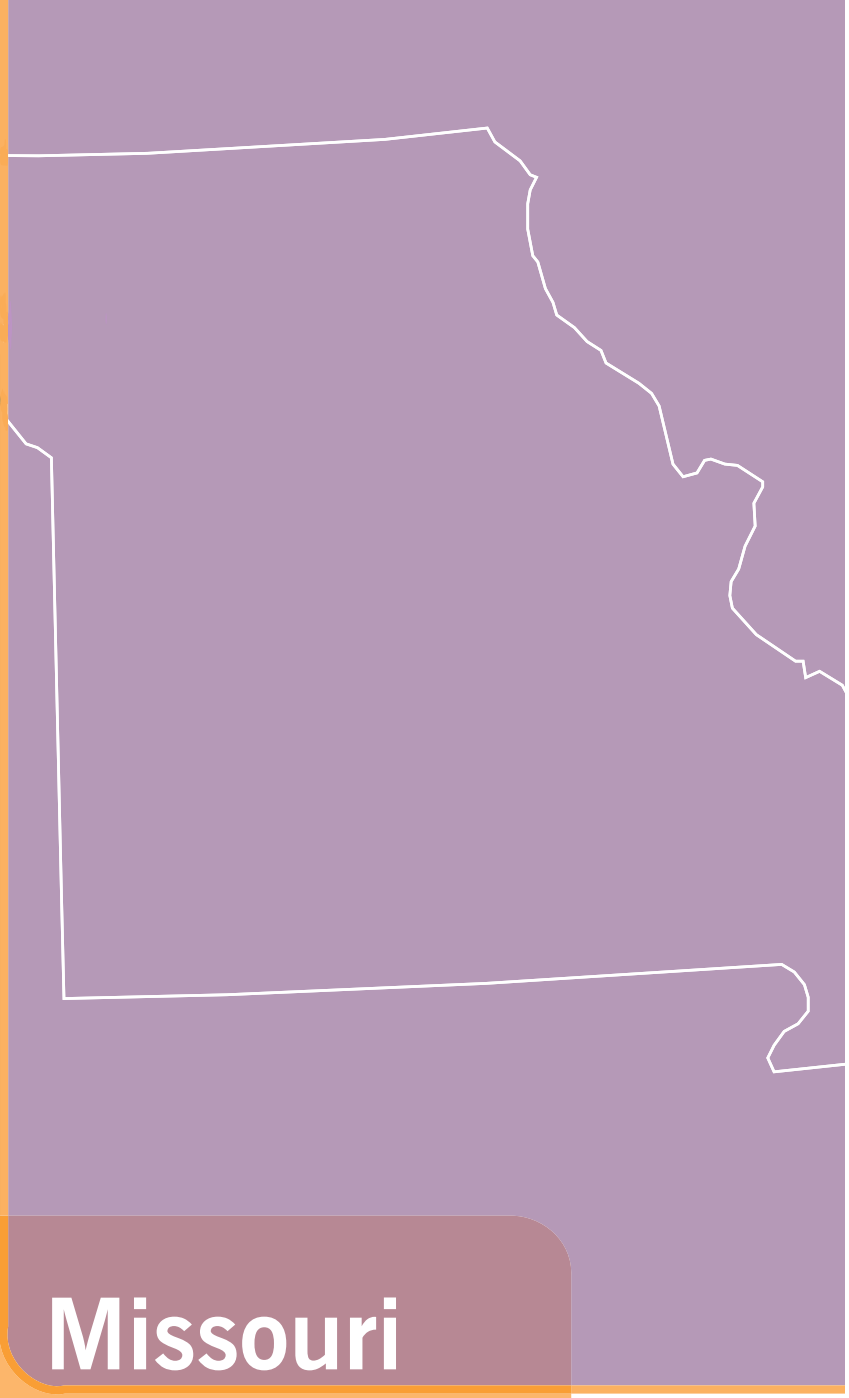
Title
The Missouri Profile: A review of Missouri's tobacco prevention and control program

Authors
Hepp, Lisa, BS
Herbers, Stephanie, BA
Mueller, Nancy, MPH
et al.

Publication Date
2003-06-01



The Missouri PROFILE

A review of Missouri's tobacco prevention and control program
June 2003

Prepared by The Center for Tobacco Policy Research at Saint Louis University

Acknowledgements

This project to evaluate the current status of 10 state tobacco control programs is funded by the American Legacy Foundation with collaboration from the CDC Foundation, and scientific and technical assistance from the Centers for Disease Control and Prevention.

This profile was developed by:
Lisa Hepp, BS
Stephanie Herbers, BA
Nancy Mueller, MPH
Douglas Luke, PhD

We would like to acknowledge the contributions of our project team:
Melissa Krauss, MPH
Ross Brownson, PhD
Claudia Campbell, PhD
Patricia Lindsey, MA
Janet Wilson, MEd, MPA

For more information, please contact:
Nancy Mueller, MPH
Project Manager
Saint Louis University
School of Public Health
3545 Lafayette Avenue, Suite 300
St. Louis, MO 63104
(314) 977-4027
mueller@slu.edu

The investigators would like to extend their sincere appreciation and thanks to the Missouri tobacco control partners who participated in this evaluation.

Suggested Citation
The Center for Tobacco Policy Research. *The Missouri Profile: A review of Missouri's tobacco prevention & control program*. St. Louis, MO: Saint Louis University Prevention Research Center; 2003.

Table of **Contents**

Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in June 2003. Results presented reflect fiscal year 2003 unless otherwise noted.

Summary

Missouri's tobacco control program has been greatly challenged by an unsupportive political climate, inadequate program funding, and a state budget deficit. Despite these barriers, the program has benefited from dedicated tobacco control professionals, committed coalitions, and recent efforts in policy change. It is hoped that continued efforts in strengthening community groups and a unified implementation of a strategic plan will help Missouri's program progress in its efforts.

Financial Climate

In fiscal year 03, Missouri dedicated approximately $1.8 million to tobacco control meeting approximately 5% of the CDC's minimum recommendation for an effective tobacco control program. Community and counter-marketing programs received the most tobacco control funding, while school, enforcement, and chronic disease programs did not receive any tobacco control funding in FY 03. Inadequate tobacco control funding and Missouri's budget crisis were major challenges to the program.

Political Climate

Missouri's political climate was viewed as "poor", "unsupportive", and "difficult" regarding tobacco control. Governor Holden was viewed as unsupportive of tobacco control by a majority of partners. The State Legislature offered little to no support for the program. Inadequate funding for tobacco control and the lack of recent excise tax increases was mentioned as evidence of this. Challenges for the program were lack of political champions and the strong influence of the tobacco industry in the state.

Capacity & Relationships

Most partners believed that their agency leadership and other tobacco control partners were supportive of their tobacco control efforts. Although the majority of partners (78%) felt the tobacco control experience of their staff was adequate, they were split on the adequacy of their staffing levels. Forty-seven percent of partners felt staff turnover neither helped nor hurt efforts in their agencies. However, many partners discussed staff turnover at DHSS TUP in the past as being a challenge. Partners respected DHSS TUP program staff, but felt turnover, bureaucracy, and lack of resources impeded their efforts. Missouri's tobacco control network was considered to be moderately effective, but it still needed improvement. Some felt they could not determine the effectiveness of the network on a statewide basis. Several felt the effectiveness of the network was different from community to community.

Best Practices

Missouri used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) to guide the development of their strategic plan and to advocate for more funding. DHSS TUP had not received any tobacco-generated revenue

from the MSA and thus partners felt Missouri was unable to implement all nine categories. The majority of partners were at least somewhat familiar with the BP. They felt that community programs should be the highest priority in Missouri, followed by counter-marketing programs. Chronic disease programs and enforcement programs were ranked as lower priorities. The identified strengths of the BP included its emphasis of a comprehensive approach, is evidence-based, was developed by the CDC, and provides guidance and a framework for tobacco control. Partners suggested improvements to the BP including providing a framework on prioritizing funding with a limited budget, listing ways of combining categories if a state cannot execute all the BP components, and providing detailed implementation strategies.

Program Goals

Restructuring the state tobacco control program to improve support for local programs in policy work and eliminating exposure to second hand smoke by increasing policies prohibiting smoking in work and public places were seen as appropriate priority goals for Missouri. Partners felt that since Missouri had little funding, it was crucial to restructure the tobacco control program. They also believed that both goals were important because they stressed the significance of tobacco control at the community level. Some partners recommended adding youth programs to the list of priority goals. Increasing education and raising awareness on secondhand smoke issues was viewed as a successful activity, while the inability to increase the excise tax in 2002 was seen as a challenge. Many partners did not feel the need to make any changes to their agencies to ensure meeting the priority goals, but others felt that increased staffing levels would help.

Disparate Populations

The DHSS TUP identified low income, low educated individuals and pregnant women, particularly white teens as experiencing significant tobacco-related disparities. Partners felt that prevalence data supported these two populations as disparities for Missouri. However, some partners suggested that the list was not inclusive of urban areas and should be expanded to include racial/ethnic minorities. Partners also suggested the additions of youth and Medicaid recipients to the list. Many partners were unaware of any state programs to address the identified disparate populations but believed community programs existed to reach them. There was also the belief among partners that the BP was not very useful in addressing disparate populations. They felt that the BP needed to include information on identifying and addressing disparities, as well as evidence based programming.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Missouri's tobacco control program:

- Dedicated and committed people working at the local level were viewed as a strength by many partners. Local coalitions were frequently mentioned as an important component of the tobacco control program and were described as starting the momentum for tobacco control in the state through policy work.
- Partners overwhelmingly mentioned limited funding and resources as a significant challenge to the program. Many felt this limited their ability to implement a comprehensive and effective tobacco control program.
- A lack of political champions and support at the state level was viewed as a barrier. Some felt this lack of support at the state level, limited the effectiveness of activities in the communities.

Introduction

Methods

Information about Missouri's tobacco control program was obtained in the following ways: 1) a survey completed by the Missouri Department of Health and Senior Services Tobacco Use Prevention Program (DHSS TUP) that provided background information about the program; and 2) key informant interviews conducted with 16 tobacco control partners in Missouri in June 2003. The DHSS TUP was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- MO Department of Health & Senior Services, Tobacco Use Prevention Program
- American Cancer Society
- American Lung Association
- American Heart Association
- Campaign for Tobacco Free Kids
- MO Partnership on Smoking or Health
- Tobacco Free Missouri- St. Louis
- Northeast Cancer Control Coalition
- CDC Office on Smoking or Health
- Saint Louis University School of Public Health
- Kansas City Health Department
- Ozark Public Health Institute
- MO Department of Mental Health, Division of Alcohol & Drug Abuse
- MO Department of Elementary & Secondary Education
- MO Department of Health & Senior Services, Family Health Unit
- MO Department of Health & Senior Services, Cancer Control Unit

Results of this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of tobacco control partners and the inter-agency relationships are also important.

Area 2: Planning
Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as *the* planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

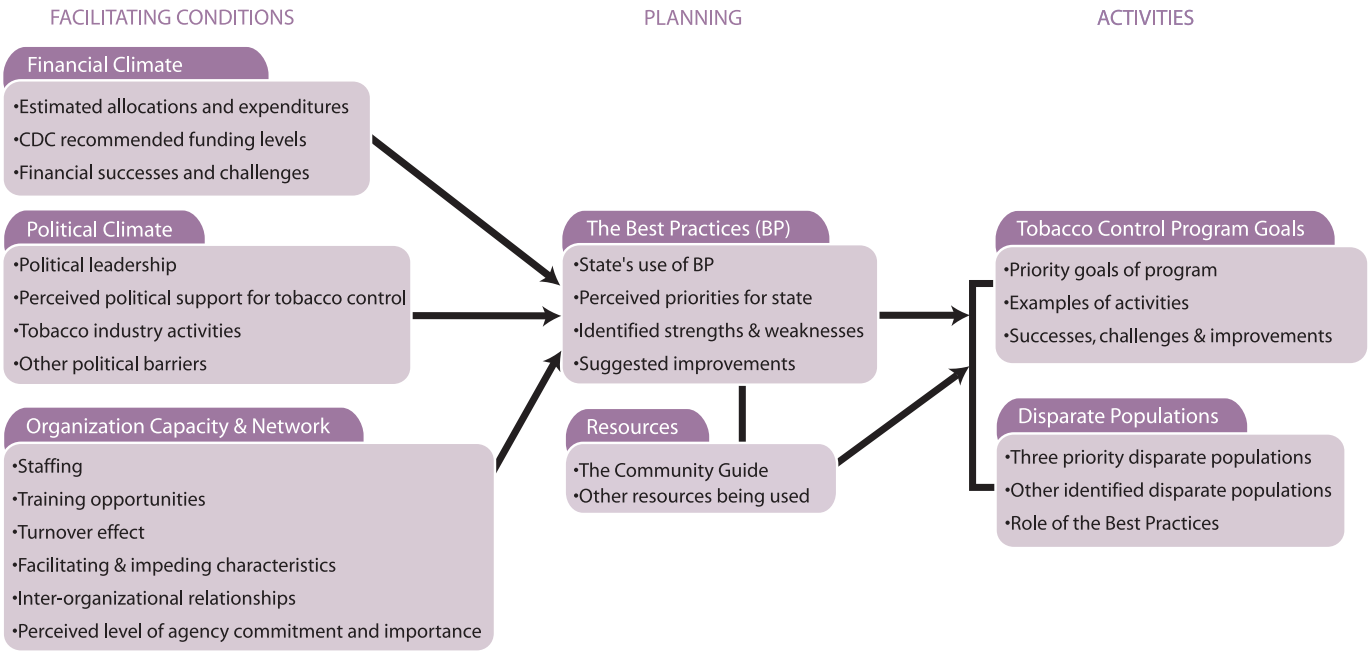
Area 3: Activities
Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year (*e.g.* passing ETS legislation, implementing cessation programs) and the emphasis on disparate populations (*e.g.* identifying and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

Inquiries and requests should be directed to the project director, Dr. Douglas Luke, at (314) 977-8108 or at dluke@slu.edu or the project manager, Nancy Mueller, at (314) 977-4027 or at mueller@slu.edu.

The Best Practices Project Conceptual Framework



Financial Climate

Section Highlights

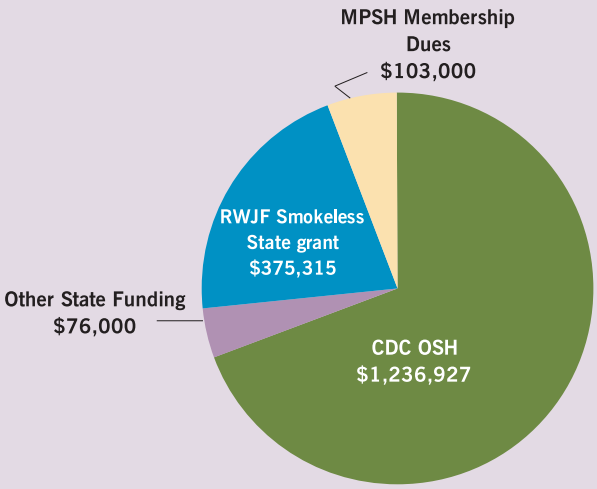
- Missouri dedicated approximately $1.8 million to tobacco control in FY 03, meeting approximately 5% of the CDC's minimum recommendation for an effective tobacco control program.
- Community and counter-marketing programs received the most tobacco control funding, while school, enforcement, and chronic disease programs did not receive any tobacco control funding in FY 03.
- Inadequate tobacco control funding and Missouri's budget crisis were major challenges to the program.

FY 2003 Funding

In FY 03, Missouri dedicated approximately $1.8 million ($0.32 per capita) to tobacco control, meeting approximately 5% of the CDC's minimum recommendation. The main source of funding was from the CDC's Office on Smoking and Health. Additional funding was received from The Robert Wood Johnson Foundation, membership dues for the Missouri Partnership on Smoking or Health, and other funds used for strategic planning.

According to the DHSS TUP's estimated expenditures for FY 03, community programs received approximately 64% of the funding. Cessation, school, chronic disease programs, and enforcement did not receive any tobacco control funding. When comparing these estimated expenditures to the CDC funding recommendations, Missouri did not meet or exceed the recommended funding allocation for any of the Best Practices categories.

Tobacco control funding sources, FY 2003



CDC funding recommendations & DHSS TUP estimated expenditures, FY 2003

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-)[a]
Cessation Programs	$6,290,000	$0	-
Counter-Marketing	$5,403,000	$143,299	-
School Programs	$4,659,000	$0	-
Community Programs	$4,632,000	$1,146,394	-
Chronic Disease Programs	$2,872,000	$0	-
Surveillance & Evaluation	$2,850,000	$179,124	-
Enforcement	$2,475,000	$0	-
Statewide Programs	$2,161,000	$53,737	-
Administration & Management	$1,425,000	$268,650	-
Total	$32,767,000	$1,791,242	-

[a] (-) = below CDC recommendation
(+) = meets CDC recommendation

The Major Financial Challenge

All partners identified the lack of adequate tobacco control funding as the most significant barrier to Missouri's program. Very little of the $268 million in tobacco-generated revenue from the MSA and tobacco taxes has been allocated to the program. In FY 03, a total of $500,000 from the MSA was allocated to the Missouri Department of Mental Health and the Missouri Department of Public Safety for retailer education and enforcement activities. Additionally, legislation was passed in 2002 to securitize up to 30% of future MSA payments.

> The biggest barrier [to implementing an effective tobacco control program] was not getting to use any of the tobacco settlement money for educational programs and cessation programs. I mean none of it went to tobacco prevention.

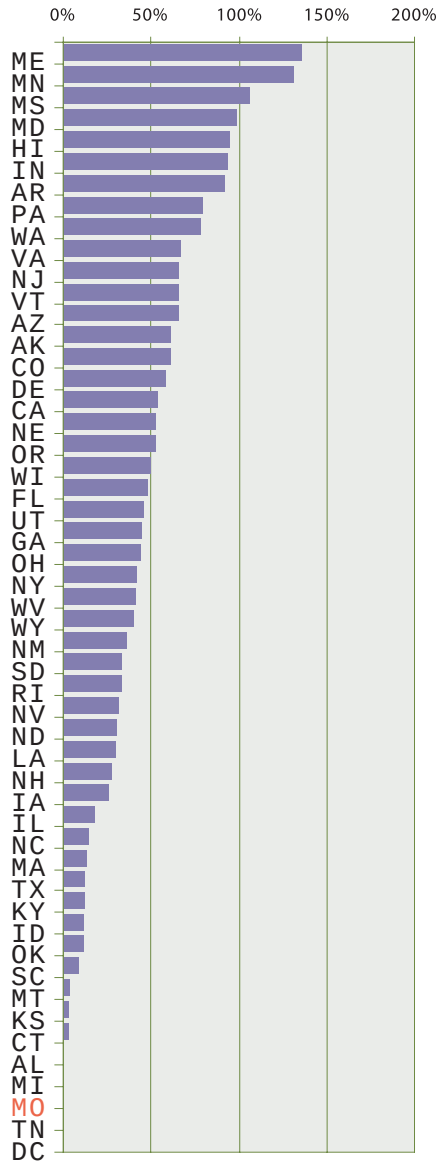
The state was experiencing a $400 million budget crisis in FY 03 due to decreased state revenues for the third consecutive year. Partners expected the decline to continue into FY 04.

> The current environment could not be worse. We have a budget crisis in the state that is not even enabling a conversation about funding a comprehensive tobacco control program in the state.
>
> I think that's [the state budget deficit] where most of our MSA money has gone to fill in those gaps and I think had we not had a deficit, we would have at least had a better chance of getting some of those funds for the tobacco issues that we needed.

Inadequate funding prohibited Missouri to implement a comprehensive tobacco control program. Many of the Best Practices categories were inadequately funded or did not receive funding at all.

Where does Missouri rank?

The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Source: Campaign for Tobacco-Free Kids, 1/03

Missouri is not implementing all nine of the categories. We have no money. But I have to say that Missouri has been pretty creative in being able to put some things in place despite the fact that there's very little funding. And when funding comes in — I say it because I'm optimistic — that at some point we'll be able to fund this important work.

Cigarette excise tax rates 2003

State	Excise Tax
CT	$1.510
MA	$1.510
NJ	$1.500
NY	$1.500
RI	$1.500
WA	$1.425
HI	$1.300
OR	$1.280
MI	$1.250
VT	$1.190
AZ	$1.180
AK	$1.000
DC	$1.000
MD	$1.000
ME	$1.000
PA	$1.000
IL	$0.980
NM	$0.910
CA	$0.870
KS	$0.790
WI	$0.770
UT	$0.695
NE	$0.640
WY	$0.600
IN	$0.555
OH	$0.550
WV	$0.550
SD	$0.530
NH	$0.520
MN	$0.480
ND	$0.440
TX	$0.410
IA	$0.360
LA	$0.360
NV	$0.350
AR	$0.340
FL	$0.339
ID	$0.280
DE	$0.240
OK	$0.230
CO	$0.200
TN	$0.200
MS	$0.180
MT	$0.180
MO	$0.170
AL	$0.165
GA	$0.120
SC	$0.070
NC	$0.050
KY	$0.030
VA	$0.025

Source: Campaign for Tobacco-Free Kids

Suggested Approaches

1. Continue to advocate for increased funding through the Missouri Partnership on Smoking or Health.
2. Investigate alternative sources of funding.

Political Climate

Section Highlights

- Missouri's political climate was viewed as "poor", "unsupportive", and "difficult" regarding tobacco control.
- Ninety-two percent of partners felt Governor Holden provided little to no support for tobacco control. Many believed that while the Governor had said he was supportive of tobacco control, the lack of funding for tobacco control and prevention reflected his support.
- The majority of partners felt the Legislature provided no support as well.
- Partners felt there were no strong political champions for tobacco control in Missouri.
- The strong influence of the tobacco industry was seen as a challenge for the program.

Political Climate

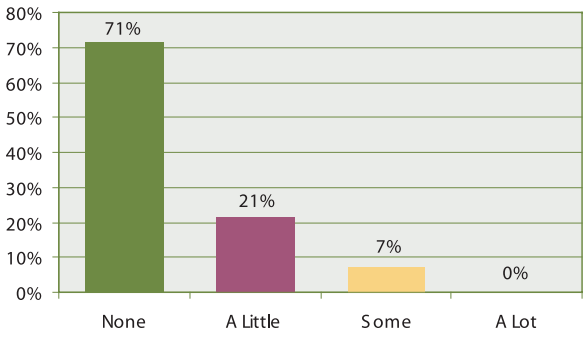
Partners viewed Missouri's political climate as "poor", "unsupportive", and "difficult" regarding tobacco control. Some reasons for this were lack of political support, a strong tobacco lobby, and public acceptance of tobacco use. Some felt other issues, such as the state budget shortfall, often overshadowed tobacco control.

> The political climate right now is all about the budget and it's a nightmare. It seems that no good policy is being focused on at this point because everybody's so caught up in the battle over the billion-dollar budget deficit. As far as it affects tobacco control, we're just totally ignored. It is a bad climate right now for tobacco control and it has been for a long time.
>
> Our political leadership, no resources, not a dime of the Master Settlement dollars went to its intended purpose, one of the lowest tobacco taxes in the country, a culture that accepts tobacco smoking as the norm…all of these factors make this state one of the most difficult states to do this [tobacco control] type of work. Which is why I suggest that we change the slogan of the state from the "Show Me State" to the "Make Me State".

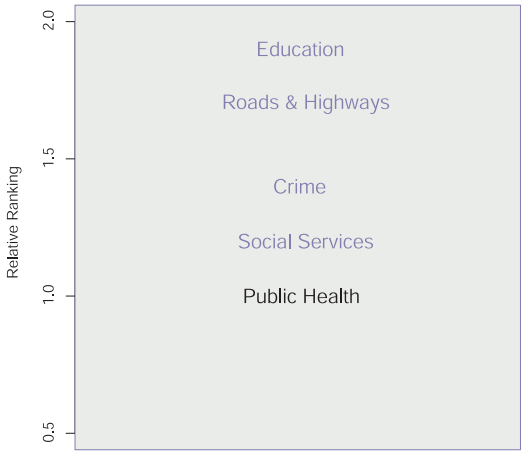
Missouri's political composition, 2003 legislative session

Governor Robert Holden	Democrat
Attorney General Jeremiah W. Nixon	Democrat
Senate	
President Peter Kinder	Republican
Party Breakdown	20 Republicans 14 Democrats
House of Representatives	
Speaker Catherine L. Hanaway	Republican
Party Breakdown	90 Republicans 73 Democrats

How much support for tobacco control do you receive from Governor Holden?



Perceptions of Governor Holden's prioritization of public health



Political Support for Tobacco Control and Public Health

The parties were split among the executive and legislative branches of government. The Governor was a Democrat, while the Republicans were the majority party in the Legislature during the 2003 legislative session.

Ninety-two percent of partners felt that Governor Holden provided little or no support for tobacco control. Many believed that while the Governor had said he was supportive of tobacco control, the lack of funding for tobacco control and prevention reflected his support. Others mentioned that he may be supportive, but other barriers such as the legislature and budget deficit were keeping him from acting on it.

> [How important do you think tobacco control is to the Governor?] Not very, he has not allocated any funding that has been available and his excise tax proposal does not fund any tobacco control programs. The revenues do not go towards tobacco control.

> It is a hard read for him [Governor Holden], but it does not appear that [he gives support to tobacco control]…I mean he gives a lot of support verbally to tobacco [control], but as far as monetary, that's when you know what is really important and what is not. So, I guess time will tell you pretty quick, but it [tobacco control] does not appear to be as high on the list as some other things. I think he is of moderate to low support with it [tobacco control].

Partners perceived that public health was the lowest priority for the Governor when compared to other issues such as education, crime, and social services. They also felt tobacco control was the lowest priority for the Governor when compared to other public health issues such as medical care, bioterrorism, and mental health.

An overwhelming majority of partners felt that the State Legislature offered little to no support for tobacco control. Reasons for this were that the Legislature had not allocated funding to tobacco control and they refused to pass an excise tax increase.

> We are having terrible budget problems at the state level in Missouri, but that is not unique to Missouri. For some reason, we are having difficulty with the Legislature going forward with funding anything through the Master Settlement Agreement or excise taxes.

> The tobacco money is very important to them [Legislature]; tobacco control is not. Clearly they have taken all of the tobacco money for other things; none of it has gone for what it was intended. Based on that alone I would say that they do not hold this [tobacco control] as a very high priority.

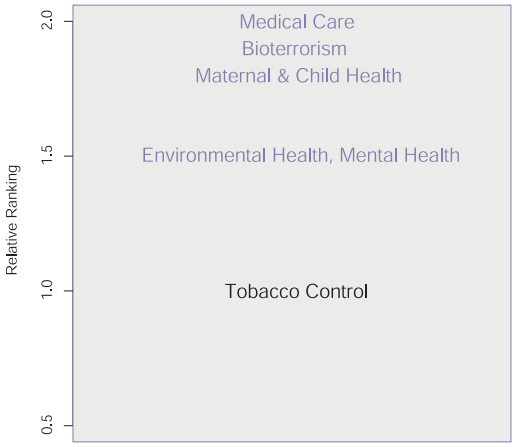
Tobacco Control Champions

The majority of partners felt that Missouri did not have strong political champions in tobacco control at the time of the interviews.

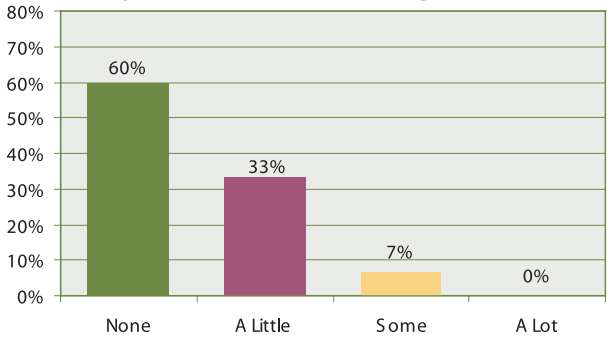
> I do not know that we have any [political leaders in tobacco control] right now. I think in the best of all worlds, certainly the Governor and key champions in the Legislature [would be leaders], but right now with so many new members of the general assembly, some of the very strong supporters of public health in general have been lost. So I think we are at a point now where new leadership has to be sought in all of the political lines.

> I think that tobacco control is not a politically savvy topic right now. I do not think we have got support of the major players and elective officials. I think we have got a lot of interest and I think we are seeing some new leaders emerge, but we do not have critical mass to move the issue forward in the general assembly and I have not seen the Governor's office really take a bold step of leadership to say this is the right cause and I want it to go in this direction.

Perceptions of Governor Holden's prioritization of tobacco control



How much support for tobacco control do you receive from the Legislature?



Although partners did not recognize individual champions, a few partners mentioned organizations as strong leaders in Missouri. The Missouri Partnership on Smoking or Health, American Lung Association, and American Cancer Society were some of the organizations mentioned as champions for tobacco control. Partners mentioned these organizations as leaders in Missouri due to their education and lobbying efforts.

> I would say political leaders in this state would probably be agencies and the Partnership [on Smoking or Health] would be one. The Health Department is one, but it is kind of at a different level, more of education. I see American Heart, American Lung, and American Cancer more on the actual political scene and being able to do the lobbying and those kinds of things.

Political Barriers

In addition to the low level of support from the Governor and the Legislature, the tobacco industry posed a significant challenge to the program. Most partners felt the industry had been effective in inhibiting the program. Partners felt the tobacco industry had an influence on the lack of funding for tobacco control and no recent excise tax increases.

> I certainly think the [tobacco] industry influenced the decisions around the loss of our MSA dollars; I think they were very strong in that. I think they have been strong in the past in the clean indoor air law, for example, and the weakness of it…The tobacco industry has been very successful, in my perception, of just being under the radar screen and being successful in thwarting tobacco control efforts in the state without being very visible.

> I think the [tobacco] industry has been entrenched in Missouri for many, many years. They have had their way with our elected officials by filling their coffers when it comes time to campaign. They have done an extraordinary job in infiltrating the capitol, so that whenever anything comes up, they basically have their way. It has been a really good state for the tobacco industry, even though we do not even produce that much tobacco.

Partners felt tobacco lobbyists had significant influence on the Legislature in the state.

> The state is, for whatever reason, a very tobacco industry controlled state. It is not that a lot of money is produced, so to speak, there is just a strong lobbying force in place within the state capitol.

In addition to lobbying, campaign contributions and marketing were mentioned frequently by partners as tobacco industry activities in the state.

Significant Event

There were many challenges with the tobacco tax initiative, Proposition A, in the previous year, but partners felt there were some lessons learned that could be applied to future initiatives. Some of the lessons learned were the need for involvement of tobacco control advocates from the beginning, more education of the public regarding where the tax revenue would go, and ensuring a significant portion of the revenues were going to tobacco control. Once the tobacco tax is increased, partners felt it would have a significant impact on the program.

> I would say the excise tax vote was probably the biggest thing [that has altered the tobacco control landscape in Missouri]. There were a lot of lessons learned and so I think from that we could become more successful in the future to pass an excise tax…When this campaign gets off the ground again, tobacco control advocates have to be at the table and the movement needs to spend more time educating the public with accurate information; those are some of the lessons we learned.

Suggested Approaches

1. Continue to educate the public and the new Legislature about the importance and economic benefits of a well-funded tobacco control program.
2. Foster strong relationships with key legislators to increase the number of political champions for tobacco control in Missouri government.

Policy Watch: SCLD Ratings

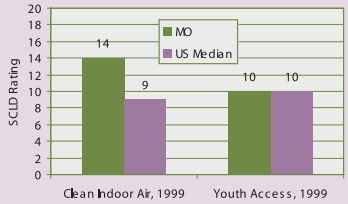
Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI's State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

In 1999, Missouri's CIA score was above the national median with smoking restricted to designated areas in all facilities. The current adoption of more comprehensive CIA legislation in many states would increase the U.S. median. Consequently, due to no recent changes in legislation, Missouri's score may be at or below the national median.

Missouri's youth access score met the national median in 1999. In a recent report from the American Lung Association, *State of Tobacco Control: 2003*, Missouri earned a "B" grade for their work to limit youth access to tobacco.

Missouri's ratings
Clean Indoor Air: **14**
Youth Access: **10**



Sources: www.scld-nci.net & lungaction.org/reports/tobacco-control03.html

Capacity & Relationships

Section Highlights

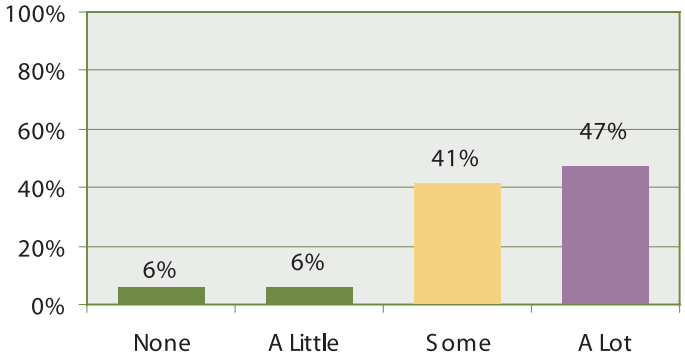
- Partners believed that their agency leadership and other tobacco control partners were supportive of their tobacco control efforts.
- Training opportunities, reporting requirements, and the organizational structure of their agencies were viewed as facilitating to their tobacco control efforts. Turnover at DHSS TUP in the past was considered a challenge.
- Although the majority of partners (78%) felt the tobacco control experience of their staff was adequate, they were split on the adequacy of their staffing levels.
- Partners respected DHSS TUP program staff, but felt turnover, bureaucracy, and lack of resources impeded their efforts.
- Missouri's tobacco control network was considered to be moderately effective, but it still needed improvement. Some considered network effectiveness on a community-to-community basis and did not feel they could determine its effectiveness statewide.

Organizational Capacity

Partners identified a number of characteristics that influenced their tobacco control efforts. The majority felt they received some to a lot of support from their agencies' leadership as well as from other partner agencies. Training opportunities, reporting requirements, and the organizational structure of their agencies were viewed as facilitating to their tobacco control efforts.

Forty-seven percent of partners felt staff turnover neither helped nor hurt efforts in their

How much support for tobacco control do you receive from your agency leadership?



How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Training opportunities	71%	12%	0%	18%
Organizational structure of agency	53%	18%	6%	24%
Reporting requirements	53%	0%	6%	41%
Physical resources	47%	12%	12%	29%
Number of tobacco control staff	41%	35%	18%	6%
Internal communication network	41%	18%	29%	12%
Internal decision-making process	41%	18%	18%	24%
Size of agnecy	35%	12%	29%	24%
Staff turnover	12%	29%	12%	47%

agencies. However, many partners discussed staff and leadership turnover in DHSS TUP as a challenge. Staff turnover meant new staff members often needed orientation to tobacco control which partners felt slowed the progress of the program. Communication and trust also had to be established.

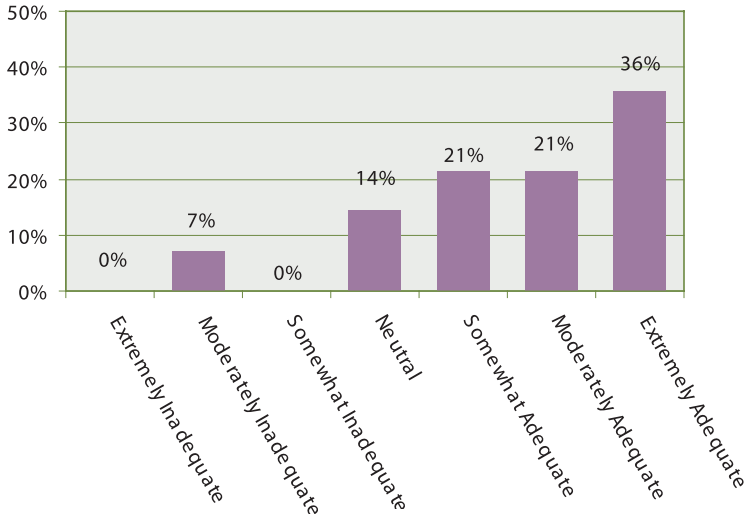
> New staff, getting ourselves organized so that we could provide effective services has been a major obstacle over the last year.
>
> Some of the leadership staff that have turned over has allowed for new leaders to come into place. The good thing is that they do seem to be hiring very competent, capable individuals into the positions. The bad piece is that communication lines and trust have to be re-established.

Although the majority of partners (78%) felt the tobacco control experience of their staff was adequate, they were split on the adequacy of their staffing levels. Fifty percent of partners believed their staffing levels were adequate for implementing tobacco control activities, while 43% felt they were inadequate, with 7% indicating a neutral position. When asked what change in their agencies would improve tobacco control the most, many partners mentioned more funding to increase staff and to implement a comprehensive program.

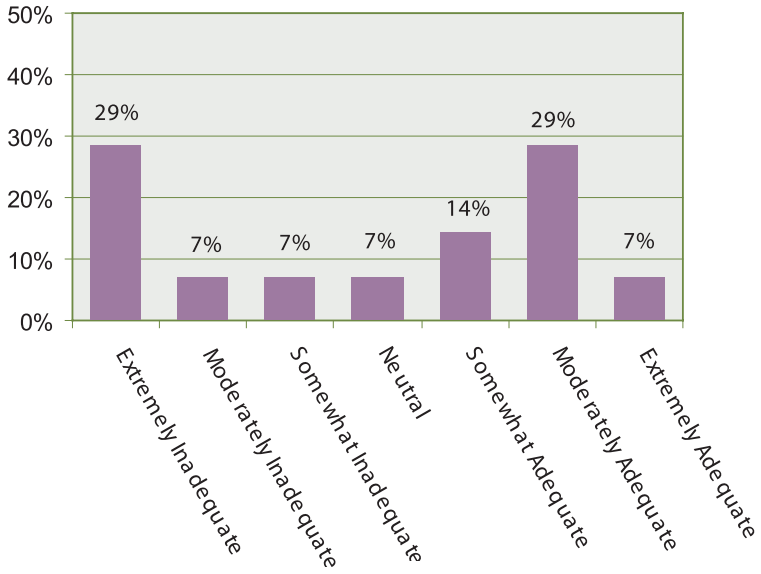
> [What single change in your organization would improve tobacco control the most?] Adequate funding to increase staff to have better program implementation, research, and evaluation.

In the past year, partners attended a variety of tobacco control trainings, including trainings held at the national, state or regional, and local levels. Trainings held at the state or regional level were the most common trainings attended, and most partners felt the trainings they attended were moderately adequate.

How adequate is your staff's tobacco control experience?



How adequate is your tobacco control staffing level?



Perceptions of the DHSS TUP

Partners felt DHSS staff, particularly the tobacco use prevention program, were smart and dedicated. However, due to turnover, some partners felt DHSS TUP staff had limited tobacco control experience to provide assistance to the communities.

> They [DHSS TUP] are very good and dedicated and smart. I think they [DHSS TUP] probably have the same issue; they simply would like more resources, but I think they are good people doing the right thing. I really respect them [DHSS TUP] for what they are trying to do with a very tight budget.

Partners felt DHSS being a bureaucratic agency hindered the tobacco use prevention program. They felt it was a challenge for activities at the local level by slowing down the approval process. Others felt it also did not suit the purpose of conducting statewide activities.

> I like these people [DHSS TUP] and I think that they care about tobacco control, but I think that tobacco control is hindered in the state of Missouri a little bit because it [DHSS] is a typical bureaucratic organization. I think that there is a fair amount of bureaucracy, there is a fair amount of concern of the turf and what anyone does versus what the Health Department does.

Tobacco Control Network

Sixteen tobacco control partners (see adjacent table) were identified as core members of Missouri's tobacco control program and were invited to participate in the interviews. The list of agencies included contractors, coalitions, voluntary health agencies, and an advocacy group.

Partners of Missouri's tobacco control network

Agency	Abbreviation	Agency Type
MO Department of Health & Senior Services Tobacco Use Prevention Program	• DHSS TUP	• Lead Agency
American Cancer Society	• ACS	• Voluntary
American Heart Association	• AHA	• Voluntary
American Lung Association	• ALA	• Voluntary
Campaign for Tobacco Free Kids	• TFK	• Advocacy Group
MO Partnership on Smoking or Health	• Partnership	• Statewide Coalition
Tobacco Free Missouri - St. Louis	• TFMO-STL	• Regional Coalition
Northeast Cancer Control Coalition	• NE Coalition	• Regional Coalition
CDC Office on Smoking or Health	• CDC OSH	• Funding Agency
Saint Louis University School of Public Health	• SLU SPH	• Contractor
Kansas City Health Department	• KCHD	• Contractor
Ozark Public Health Institute	• Ozark	• Contractor
MO Department of Mental Health Division of Alcohol & Drug Abuse	• DMH ADA	• Contractor
MO Dept. of Elementary & Secondary Education	• MO DESE	• State Agency
MO DHSS Family Health Unit	• DHSS Family Health	• State Agency
MO DHSS Cancer Control Unit	• DHSS Ca Control	• State Agency

Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other at *least* once a month. Missouri had a relatively centralized communication structure, where partners had frequent contact with a few central agencies. DHSS TUP had the most control over the communication flow, followed by the Partnership and TFMO-STL. The peripheral agencies (indicated by the yellow dots) had infrequent contact with other agencies and the least control over information flow.

Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. Several agencies had high influence over others in the network. Money flowed from CDC OSH, DHSS TUP, AHA, and ACS to other partners. Many partners sent money to the Partnership, mostly in the form of dues. The Partnership, along with TFMO-STL, were financially influenced by others in the network.

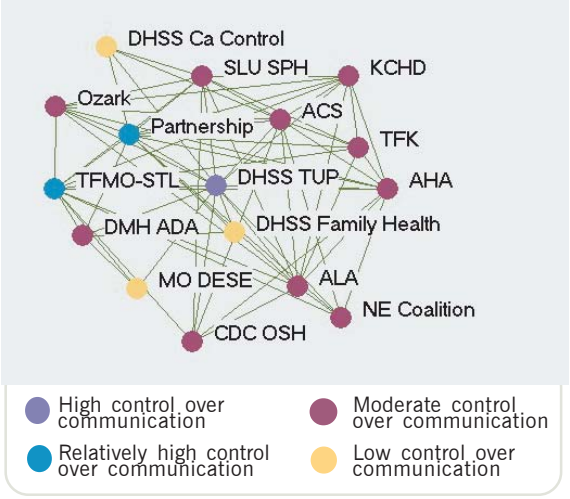
Productive Relationships

A directional arrow (A→B) indicates that Partner A had a *very* productive relationship with Partner B. A bi-directional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. The Partnership and ALA had the highest number of very productive relationships, followed by DHSS TUP, NE Coalition, TFMO-STL, Ozark, and TFK. The agencies with few very productive relationships tended to have a more narrow role in the tobacco control program.

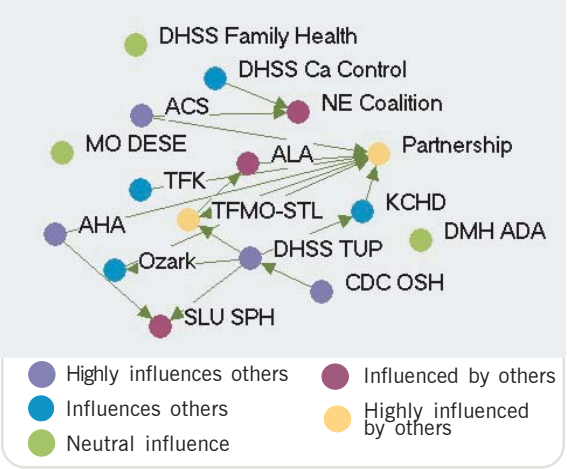
Perceived Effectiveness of Network

Most partners felt that Missouri's tobacco control network was moderately effective, but still needed improvements. Partners felt they were more unified in their collaborations and were working towards the same goals. They were also positive regarding the development of

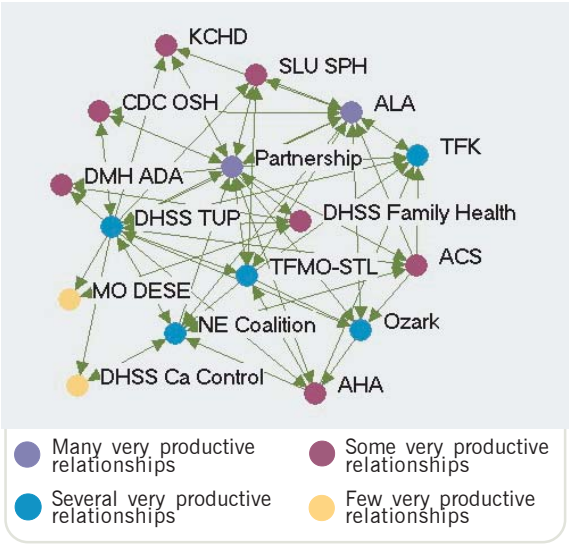
Monthly contact among network partners



Money flow among network partners



Productive relationships among network partners



the state's strategic plan.

> I would say it is pretty effective, only because we were able to come together with a strategic plan for the state tobacco use prevention program. Keeping those people together though, that is another issue in itself.

Communication among partners in the network was discussed as a challenge. Some felt communication was not always consistent and they could often lose site of the broader goals. Other partners felt the effectiveness of the network was on a community-to-community basis and there was a need for stronger statewide efforts.

> Communication among partners is not always consistent. It feels like we don't have a clear communication channel among our network. There are those that tend to work in one area and those that tend to work on the other and I don't think we're really bridging the gap too well right now with our communication network.

> It [network effectiveness] really does vary from coalition to coalition. I do not think you can take it at the statewide [level]; it is very local.

Coalitions

Several partners discussed the Missouri Partnership on Smoking or Health (Partnership), the statewide coalition, as being an important component in the efforts to strengthen the grassroots network. The Partnership had a good working relationship with DHSS TUP and they were working on effectively using the resources both agencies possessed to avoid duplication of efforts.

> I think there is a great effort by the Missouri Partnership on Smoking or Health to infuse resources to strengthen the grassroots communities across the state. In the local communities we are going to see a stronger network of grassroots supporters for tobacco use prevention [because of that].

Agency Importance & Commitment

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. The American Lung Association, MO Partnership on Smoking or Health, and Tobacco-Free MO- St. Louis were rated high for both commitment and importance to the program. MO Department of Elementary and Secondary Education and MO Department of Health and Senior Services, Family Health Unit were rated as having less importance and commitment compared to other partners in the network, possibly due to their more focused roles.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Improve communication and collaboration by sharing information regarding organizations' activities
- Support communities through statewide leadership and efforts
- Focus on rural areas and those without strong coalitions

Suggested Approaches

1. Work to incorporate partners' suggestions for improvement listed above.
2. Continue to strengthen grassroots efforts by educating local organizations about their ability to educate and advocate for tobacco control issues.

Agency rating of importance to the program & commitment to tobacco control

Importance to the program[a]		Commitment to tobacco control[b]	
Agency	Avg. rating[c]	Agency	Avg. rating[c]
MO Partnership on Smoking or Health	9.1	Tobacco Free Missouri- St. Louis	9.8
Saint Louis University SPH	9.1	American Lung Association	9.6
CDC Office on Smoking or Health	8.9	MO Partnership on Smoking or Health	9.5
American Lung Association	8.8	CDC Office on Smoking or Health	9.4
Ozark Public Health Institute	8.8	Ozark Public Health Institute	9.4
Tobacco Free Missouri-St. Louis	8.8	Northeast Cancer Control Coalition	9.3
Northeast Cancer Control Coalition	8.6	Saint Louis University SPH	9.2
Kansas City Health Department	8.2	Campaign for Tobacco Free Kids	9.1
Campaign for Tobacco Free Kids	8.0	Kansas City Health Department	8.9
MO DHSS Tobacco Use Prevention Program	7.7	MO DHSS Tobacco Use Prevention Program	8.8
American Heart Association	6.9	MO Department of Mental Health Division of Alcohol & Drug Abuse	7.9
MO DHSS Cancer Control Unit	6.9	American Cancer Society	7.7
American Cancer Society	6.8	American Heart Association	7.7
MO Department of Mental Health Division of Alcohol & Drug Abuse	6.8	MO DHSS Cancer Control Unit	7.0
MO Department of Elementary and Secondary Education	6.4	MO Department of Elementary and Secondary Education	6.5
MO DHSS Family Health Unit	5.6	MO DHSS Family Health Unit	6.1

a How would you rate the importance of each agency for an effective tobacco control program in your state?
b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
c 10 = high; 1 = low

The Best Practices

Section Highlights

- Missouri used the BP to guide the development of their strategic plan and to advocate for more funding. Partners felt Missouri was not implementing all nine categories because of the lack of adequate funding.
- The majority of partners were at least somewhat familiar with the BP. Partners felt that community programs should be the highest priority in Missouri, followed by counter-marketing programs. Chronic disease programs and enforcement programs were ranked as lower priorities.
- Strengths of the BP included its emphasis of a comprehensive approach, provides guidance and a framework for tobacco control, is evidence-based, and was developed by the CDC.
- Weaknesses of the BP were it lacks implementation guidance and cost benefit strategies, is missing details about each category, needs to be updated, and is exclusive of programs not yet proven as best practices.
- Some suggested improvements were to provide guidance on prioritizing funding with a limited budget, list ways of combining categories if a state cannot execute all the BP components, and provide detailed implementation strategies.

The Best Practices

Missouri tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) to guide the development of their strategic plan and to advocate for more funding. Partners felt that Missouri was not implementing all nine categories because DHSS TUP had not received any tobacco-generated revenue

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

from the MSA.

The majority of partners were at least somewhat familiar with the BP. They felt that community programs and counter-marketing programs should be high priorities for Missouri, while chronic disease programs and enforcement programs should be lower priorities.

High BP Priorities

Community programs were ranked as a high priority for the following reasons:

- Local level efforts facilitate community norm changes.

> We are a very tolerant state in Missouri and the real work for changing the social norm has got to happen at the community level, community by community. And for us to start moving that pendulum to less tolerant of tobacco use and secondhand smoke, we're going to have to give support and training to those community agencies.

- Community programs are the foundation of a strong comprehensive tobacco control program.

> All the other areas, be it cessation programs, public policy programs, or any other, are much more likely to succeed if you have a strong community component. If you begin putting in community programs to build and develop participation, all of the other areas will be more likely to succeed.

Partners believed that community programs were a high priority in Missouri. DHSS TUP made this evident by dedicating a large proportion of their tobacco control funding to community programs in FY 03.

Counter-marketing was also ranked as a high priority. Partners felt that this was an important component of tobacco control because there is strong evidence to support its effectiveness. They

Best Practices ranking & the DHSS TUP estimated budget allocations, FY 2003

BP Category	Mean Rank[a]	Budget %
Community Programs	2.4	64
Counter-Marketing	3.7	8
Cessation Programs	3.9	0
School Programs	4.1	0
Statewide Programs	4.4	3
Surveillance & Evaluation	5.4	10
Enforcement Programs	6.0	0
Chronic Disease Programs	6.1	0
Administration & Management	Not included[b]	15

[a] Ranking: 1 = highest priority; 8 = lowest priority
[b] Not included because not mutually exclusive with the other categories

also believed that Missouri was lacking counter-marketing programs.

> There are proven results behind counter-marketing. It's not a stand-alone piece, but it's an essential piece. It gets under prioritized because it's expensive and because it can be controversial.

Low BP Priorities

Partners ranked *chronic disease* and *enforcement* programs as low priorities but had fewer comments regarding chronic disease programs. The following were reasons given why enforcement was ranked low:

- There is limited data to support its effectiveness.

> There's a lack of evidence that it [enforcement] actually reduces youth initiation in tobacco use.
>
> I think the literature research isn't showing enforcement to be the most effective strategy for impacting youth smoking rates.

- Enforcement is challenging to accomplish.

> It's just difficult to do that [enforcement]; it's difficult to enforce tobacco usage. It's a little bit easier to do with sting operations. But there are just so many businesses and so few people that monitor that [access to tobacco], that's very difficult I think.

- The other BP categories need to be in place before enforcement can be useful.

> I think there is a role for enforcement and it can have some value. But I think that we've got a lot more work to do before we'd ever get to the point where enforcement might be looked at as a key approach to use.

BP Funding

For FY 03, DHSS TUP allocated the largest portion (64%) of tobacco control funding to community programs, which partners also ranked as the highest priority. This was then followed by 15% to administration & management, 10% to surveillance & evaluation, and 8% and 3% to counter-marketing programs and statewide programs, respectively (see table on page 18). Cessation programs, school programs, enforcement programs, and chronic disease programs received no tobacco control funding for FY 03.

BP Strengths and Weaknesses

Partners identified a number of strengths of the BP:

- It is evidence-based

- Provides guidance and a framework for tobacco control
- Emphasizes a comprehensive approach
- Provides credibility through CDC authorship

The following weaknesses of the BP were also identified:

- Lacks implementation guidance
- Lacks cost benefit strategies
- Is outdated
- Is exclusive of programs not yet proven as best practices

Partners suggested that the BP could be improved by providing guidance on how to prioritize funding with a limited budget, suggesting ways of combining categories when a state is financially unable to execute all categories, and providing detailed implementation strategies.

Suggested Approaches

1. Continue to coordinate and support community programs on a statewide level.
2. Refer to other tobacco control resources to supplement the Best Practices. For example,
   - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
   - *The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
   - *The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
   - Resources from national tobacco control organizations (see the Resources section on page 30).
3. Take into account the strengths, weaknesses, and areas of potential improvement to the *Best Practices* guidelines identified in this Profile when developing your own tobacco control resources.

Tobacco Control Program Goals

Section Highlights

- Restructuring the state tobacco control program to improve support for local programs in policy work and eliminating exposure to second hand smoke by increasing policies prohibiting smoking in work and public places were seen as appropriate priority goals for Missouri.
- Partners felt that since Missouri had little funding it was crucial to restructure the tobacco control program. They also believed that both goals were necessary because they stressed the importance of tobacco control at the community level.
- Some partners recommended adding youth programs to the list of priority goals.
- Increasing education and raising awareness on secondhand smoke issues was viewed as a successful activity, while the inability to increase the excise tax in 2002 was seen as a challenge.
- Many partners did not feel the need to make any changes to their agencies, but others felt that increased staffing levels would help meet the two priority goals.

Top Two Goals

For this evaluation DHSS TUP was asked to identify the top two policy or programmatic goals for FY 03. The two goals identified were:

- Restructure the state tobacco control program to improve support for local programs in policy work
- Eliminate exposure to second hand smoke by increasing policies prohibiting smoking in work and public places

These two identified policy or programmatic goals were identified as priorities based on CDC expectations for an effective tobacco control program. They were determined to be the best use of limited resources and a way to guide program planning and technical support for local programs. The second goal is one of three overall program goals, which include preventing tobacco use among young people and promoting quitting among young people and adults. These three overall program goals are documented in *Missouri's*

Comprehensive Tobacco Use and Prevention Preliminary Strategic Plan 2003-2009.

Partners agreed that the two goals were appropriate priorities for Missouri. They believed that since DHSS TUP had very little funding the first goal of restructuring the state tobacco control program to improve support for local programs in policy work was crucial. Partners also felt that these goals were important because successful tobacco control work is done at the community level.

> The reorganization had to occur just because of the monetary problems that are going on at the Health Department, and again, that's way beyond their control.

> I think they're on the right track as far as you don't get a whole lot done unless you do it at the local level. And it's local communities that have to decide okay we're not going to have smoking in restaurants…And I think you can have a mandate at the state level, but if there's no local support then how do you enforce that?

Changes and Additions

Most partners felt the top priority goals were accurate and important, and would not make any changes to them. However, a few partners suggested adding youth programs as a focus.

> I think we [Missouri] need some emphasis on youth smoking. We have such a high rate of young people who are smoking in this state…so some emphasis on tobacco use prevention among our youth is an important goal.

Successes, Challenges, & Improvements

Some partners believed that education and awareness on second hand smoke ordinances was a success. Conversely, the failure to increase the tobacco excise tax in 2002 was viewed as less successful.

A Sampling of Missouri's Activities

Restructure the state tobacco control program to improve support for local programs in policy work	• Providing training and technical assistance to support local coalitions • Increasing district staff to work directly with community coalitions on local policy initiatives
Eliminate exposure to second hand smoke by increasing policies prohibiting smoking in work and public places	• Working on clean indoor air at the local level, *i.e.* St. Louis and Springfield • Educating community leaders, youth, and adults on the effects of second hand smoke • Providing training on how to organize second hand smoke campaigns and pass clean indoor air ordinances

> The most important thing hands down has been education. An ordinance almost went down in committee because the alderman were not informed enough about the hazards of second hand smoke. It was really after meeting with the committee…that we made the greatest impact…as it turned out he signed on as a co-sponsor of the bill.
>
> What we're not too pleased about was the failure of the last excise tax campaign. We were not in a leadership position in that, but we learned a lot about what to do and what not do. We are now in the planning process for looking at the next excise tax campaign.

Several partners felt that they would not need to make any changes to ensure meeting the goals. Other partners identified an increase in staffing levels as an improvement in their own agencies that could help ensure meeting the priority goals.

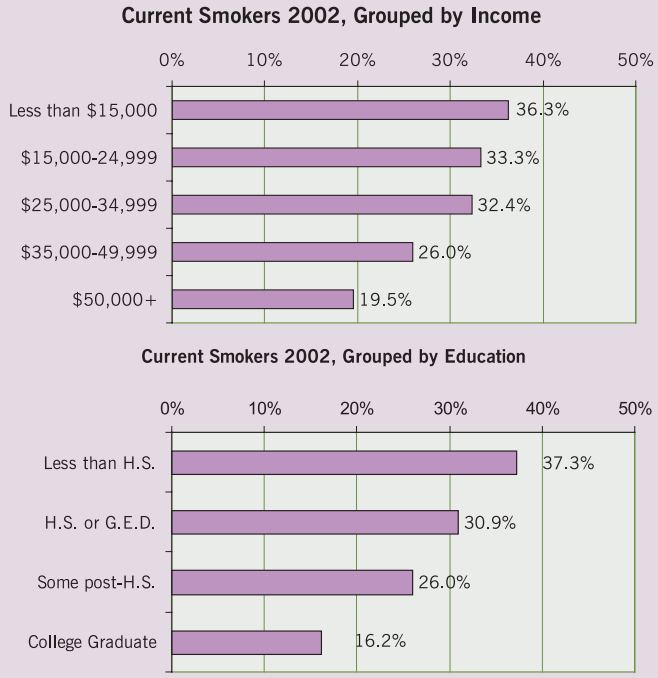
> The only change that I'd make is just to be able to have more people in the state to do more grassroots work. The funding has dictated that we can't do that right now, but if I could change it, that's what I would do just to have greater impact on the state.

Suggested Approaches

1. Work with community partners to increase coordination of community activities.
2. Illustrate the importance of restructuring the tobacco control program to community partners.
3. Continue to educate policy makers on the importance and economical advantage of reducing second hand smoke.

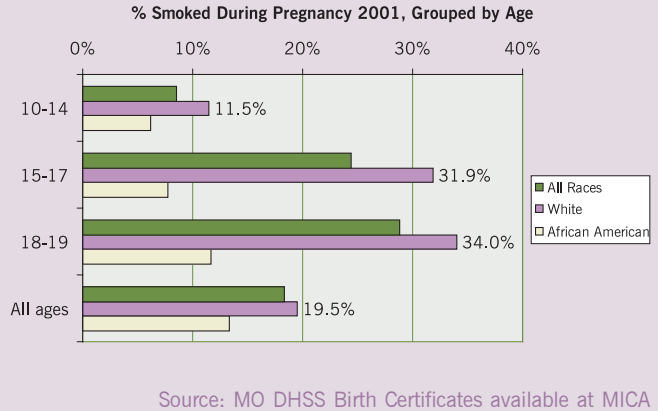
Disparate Populations

Missouri Low Income, Low Educated Individuals



Source: BRFSS

Missouri Pregnant Women, Particularly White Teens



Source: MO DHSS Birth Certificates available at MICA

Section Highlights

- The DHSS TUP identified low income, low educated individuals and pregnant women, particularly white teens as experiencing significant tobacco-related disparities.
- Partners felt that prevalence data supported these two populations as disparities for Missouri. Some partners suggested that the list was not inclusive of urban areas and should be expanded to include minorities. Other additions to list included youth and Medicaid recipients.
- Many partners were unaware of any state programs to address the identified disparate populations but believed community programs existed to reach them.
- Partners believed the BP was not useful in addressing disparate populations. They felt the need for information on identifying and addressing disparities, as well as evidence based programming.

Priority Disparate Populations

DHSS TUP identified the following populations as having tobacco-related disparities:

- Low income, low educated individuals
- Pregnant women, particularly white teens

Resources used to help identify the above populations included epidemiologic data and a special study conducted with pregnant women in hospitals at time of birth. In FY 03, DHSS TUP had not allocated any funding for tobacco control activities for disparate populations. At the time of this evaluation, DHSS TUP had also not yet solicited input from these populations in planning tobacco control activities.

Partners' Comments

Partners agreed that the above populations were disparate populations for Missouri and that prevalence data supported the need to address them.

Low income, low educated individuals
Partners felt that low educated, low income people comprised a significant portion of Missouri's population and were a challenge to address.

> I think there's no doubt that low income are the most prevalent smokers in our state, and it's going to be the most difficult to reach when you look at trying to change social norms. It's a much different culture.
>
> I think often times people who don't have the facts and a lot times if they are low income or they're low social economic, low education they don't have the facts and they don't feel like they're empowered to have any control over their health. Where we see the greatest health disparities are in the Bootheel of Missouri, where we have low income and low educations.

Pregnant women, particularly white teens
Partners believed that pregnant women are a focus of many health agencies across the state.

> The pregnancy disparity is something that comes across numerous times when working with the different health departments. That's an issue a lot of them are working with.
>
> In terms of the pregnant women, that's a really critical disparity group. The health consequences are so immediate and so severe, between SIDS and low birth weight babies, that I think that is probably the single population that comes up most often. There's nobody doing disparities that doesn't start with pregnant women.

Additional Populations

While partners agreed that the identified disparate populations were important, they felt that the list should be expanded to include racial/ethnic minority populations, in particular African Americans. Some partners noted that the identified populations are inclusive for a majority of the state but may not represent Missouri's urban areas.

> The list is true but I think there are other areas that are at risk as well, such as minority populations. I think there is a growing problem in a lot of the non-white populations. I think African Americans in particular are at great risk.

> I am looking at St. Louis and I would say we probably have more black than white. Eventually we need to get to the Bosnians, the Vietnamese, and all the other nationalities that we have here but not necessarily all over the state.

Other populations of interest among partners were:

- Youth and young adults
- Latinos
- Medicaid recipients

Identified Strategies

Several partners were unaware of any state programs that existed to address the identified disparate populations. However, they did recognize that there were community programs in place.

> I don't know specifically what the state's doing. I think the state has identified within the strategic plan programs to put some emphasis on the disproportionate populations that are affected by tobacco use. But I don't know specifically what their plans are.
>
> There's community work going on in a lot of the counties that would get at the lower socioeconomic status, but I don't know that I know of a statewide program doing that.

Other partners identified the following strategies being implemented in Missouri to address disparate populations:

- Pregnant women are being reached through Women, Infants, and Children (WIC) clinics and asked about tobacco use.
- Maternal, Child and Family Health is in the process of incorporating more tobacco prevention information.
- Community-based efforts are being implemented to address disparities.

Disparate Populations & Best Practices

The majority of partners felt that the BP was not useful in addressing disparate populations. The following suggestions were given to improve the guidelines:

- Illustrate methods on identifying tobacco-related disparities
- Develop strategies that properly address specific disparate populations
- Provide evidence-based programming for disparate populations

Suggested Approaches

1. Systematically involve specific populations in efforts to identify and eliminate tobacco-related disparities.
2. Develop more targeted strategies to address tobacco-related disparities.
3. Work to secure funding for tobacco-related disparities.

Program Strengths & Challenges

At the end of each interview, partners were asked to identify the biggest strength and weakness of Missouri's tobacco control program. Below is a list of the strengths of Missouri's program and the challenges facing it.

- Dedicated and committed people working at the local level were viewed as a strength by many partners. Local coalitions were frequently mentioned as an important component of the tobacco control program and were described as starting the momentum for tobacco control in the state through policy work.

> The biggest strength is the commitment on the part of the individuals who are working in tobacco use prevention and in the fact that where communities have organized, they have seen the results of their hard work in the form of passage of smoking bans and other tobacco control policies.
>
> The local coalitions. That is definitely the biggest strength. For instance, the St. Louis coalition has been working on clean indoor air ordinances. The Southwest Missouri coalition just passed a clean indoor air ordinance in Springfield, so they have got a really good strong coalition there. Maryville up in the northern region and around Kansas City, they have got a very good coalition there. They are starting the momentum within the state of Missouri. So, it's these local areas, the local coalitions that really are the strength of what happens within the state of Missouri.

- Partners overwhelmingly mentioned limited funding and resources as a significant challenge to the program. Many felt this limited their ability to implement a comprehensive and effective tobacco control program.

> I think it [the biggest weakness of Missouri's tobacco control program] is trying to be effective as we can be and as comprehensive as we can be on our limited funding. It really does hamper our ability to do effective work.

> So much to do and so little to do it with. I think it [the biggest weakness of Missouri's tobacco control program] is the finiteness of our resources in our current capacity.

- A lack of political champions and support at the state level was viewed as a barrier. Some felt the lack of support at the state level, limited the effectiveness of activities in the communities.

> The lack of support at the state level just kind of weakens the whole focus with communities throughout the entire state. If the politicians are not on this and not supporting it, and allow smoking at the state capitol, it kind of weakens everything throughout the state and what the community people are doing.

Partners felt the state budget crisis would continue to shape tobacco control in Missouri. Due to the shortfall, partners felt no new money would be dedicated to tobacco control.

> I think our budget deficit at the state level really is going to hinder us [tobacco control].
>
> The budget [is likely to shape tobacco control in the next few years in either a positive or negative way]. Whether any tobacco use money will come or not come, whether taxes will be raised or not raised, if there's any political will to address tobacco through the budget mechanism will determine how much emphasis is given to tobacco use in the state.

In addition to the state's budget crisis, partners felt that the local efforts in clean indoor air policies and a tobacco tax initiative would significantly shape tobacco control in a positive way in the next few years.

> I think we are going to see more local clean indoor air policies passed throughout the state of Missouri, and I think that will have a very positive impact in the state.
>
> All of the clean indoor air legislation that is in the hopper right now, if that all starts popping at the same time, it is going to catch a lot of people's attention. Then when the excise tax comes back to the ballot, I think the time will be right to see that pass and have adequate funding for tobacco control for the state and local jurisdictions.

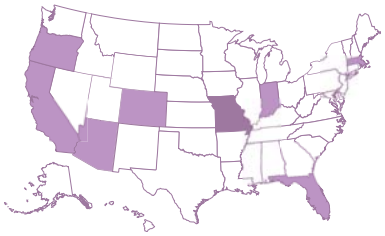
Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.heart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

Missouri obtained information to guide the development of their program from...



Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcrc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET http://cancercontrolplanet.cancer.gov/index.html
- Missouri Department of Health and Senior Services, Tobacco Use Prevention Program www.dhss.state.mo.us/SmokingAndTobacco
- Missouri Partnership on Smoking or Health www.smokingorhealth.org

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- NCI State Cancer Legislative Database www.scld-nci.net
- BRFSS 2002 www.cdc.gov/brfss
- Show Us the Money: A Report on the States' Allocation of the Tobacco Settlement Dollars, Jan. 2003 www.tobaccofreekids.org/reports/settlements/
- Missouri Information for Community Assessment www. health.state.mo.us/MICA/nojava.html
- American Lung Association's *State of Tobacco Control: 2003* http://lungaction.org/reports/tobacco-control03.html

The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.